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SOS
610 N. Silver St
Silver City, NM 88061

575-956-6131
575-956-6947

Medicaid ID: YIF905344441

Marquez, James A

ID: 1000010725338 DOB: 3/16/2000

Case Management Note (SOS)

Use Note Creation Time
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7/30/2023
2:32 AM

Service Location

Audit Log

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Presenting Problem:
Symptoms of mood swings continue to be described.
Symptoms of conduct disorder continue to be described. Violation of rules is frequent. He starts fights with others.

Recent history :
Client has a history of reoccurring homelessness, alcohol abuse, financial instability, and criminal institutionalization. Struggles with alcohol abuse, seizures, anxiety, depression, rapid mood shifts, an adjustment disorder, and extreme poverty.

Social Support Changes:
James's family or social support network has occurred no changes.

Therapeutic intervention :
Client was prompted to return to his area for the night, once midnight had hit. Staff reminded him that quiet hours begin at midnight, and the television would be shut off, so that people may rest better, and be prompted to go to their areas once things settled.

Assessment :

BEHAVIOR:
Medication has been taken regularly. His self care skills are intact and unimpaired. His domestic skills are intact and unimpaired. His relationships with family and friends are normal. He is performing normally at work. His use of substances has increased. His school performance is normal. Some angry outbursts are occurring. There have been fewer instances of impulsive behaviors. James has normal food and fluid intake. James has not been confused.

James presents as calm, James presents as friendly, attentive, communicative, casually groomed, normal weight, and relaxed. He exhibits speech that is normal in rate, volume, and articulation and is coherent and spontaneous. Language skills are intact. Mood presents as normal with no signs of either depression or mood elevation. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content appears appropriate. The patient convincingly denies suicidal ideas or intentions.

Plan: Continue to accommodate client to the best of shelter abilities and continue to prompt client to continue participating in programming plans now being implemented by shelter staff.

Diagnosis :

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